BIOTERRORISM RESPONSE LABORATORY 2725 WAIMANO HOME ROAD PEARL CITY, HI 96782

STATE OF HAWAI'I DEPARTMENT OF HEALTH STATE LABORATORIES DIVISION BIOTERRORISM RESPONSE LABORATORY 2725 WAIMANO HOME ROAD PEARL CITY, HI 96782

PULSED-FIELD GEL ELECTROPHORESIS SUBTYPING

Name and address of Physician/Organization:

PULSED-FIELD GEL ELECTROPHORESIS SUBTYPING

Name and address of Physician/Organization:

Patient Identification				Patient Identification			
First Name and Middle Initial:	Last Name:			First Name and Middle Initial:	Last Name:		
Submitting Lab. No.:		Age:	Sex:	Submitting Lab. No.:		Age:	Sex:
Specimen Information				Specimen Information			
1. Origin of Specimen: Human Other (Specify)	3. Date of Specimen Collection:			1. Origin of Specimen:HumanOther (Specify)	3. Date of Specimen Collection:		
2. Source of Specimen: □ Blood □ Wound (Site) □ Exudate (Site) □ Other (Specify)	4. Identification of Organism:MRSAVREOther (Specify)			2. Source of Specimen: Blood Wound (Site) Exudate (Site) Other (Specify)	 4. Identification of Organism: MRSA VRE Other (Specify) 		
DO NOT WRITE BELOW THIS LINE				DO NOT WRITE BELOW THIS LINE			
PFGE Laboratory Number:	Date/Time/Initial Received:			PFGE Laboratory Number:	Date/Time/Initial Received:		
Gel: Lane(s):			Gel: Lane(s):				
Comments:				Comments:			
Reported by/Date:				Reported by/Date:			
Audited by/Date:				Audited by/Date:			
FORM LAB 17A Revised 5/99				FORM LAB 17A Revised 5/99			